

NOTICE!

To Grant County Citizens

Unified Community Services of Grant & Iowa Counties
Grant County Department of Social Services

WILL HOLD A PUBLIC HEARING

When: Tuesday, August 4, 2020

Time: 5:00 pm

Where: Join Zoom Meeting

<https://us02web.zoom.us/j/84319268373>

Meeting ID: 843 1926 8373

One tap mobile

+13017158592,,84319268373# US (Germantown)

+13126266799,,84319268373# US (Chicago)

Meeting ID: 843 1926 8373

Find your local number: <https://us02web.zoom.us/j/84319268373>

Topic: 2021 budgets & program for the above departments

Programs and services to be addressed: Abused and neglected children and adults, alcohol and drug abusers, juvenile delinquents, elderly, developmentally disabled, children and families, mentally ill, and the Alzheimer's Program.

This is your opportunity to express concerns, expectations, and proposals of services and programs for Grant County. Federal programs are NOT subject for discussion; examples are Food Stamps, General Relief, Fuel Assistance, and Medical Assistance.

Written comments must be received by August 31, 2020. Please send to:

Grant County Social Services
ATTN: LeaAnne Smith
PO Box 447
Lancaster, WI 53813

Unified Community Services
ATTN: Nancy Schmitz
200 W Alona LN
Lancaster, WI 53813

For further information, call:
LeaAnne Smith
(608) 723-2136, Ext. 1141

Your help is needed to develop the 2021 programs and plans for the Grant County Department of Social Services and Unified Community Service of Grant and Iowa Counties.

PLEASE FILL OUT THE ATTACHED QUESTIONNAIRE

NOTICE
TO ALL INTERESTED GRANT COUNTY CITIZENS

Your help is needed to develop the 2021 programs and plans for the Grant County Department of Social Services and Unified Community Service of Grant and Iowa Counties.

PUBLIC HEARING

A public hearing will be held on **Tuesday, August 4, 2020 at 5:00pm Via Zoom**. If you are unable to attend this hearing, please complete the following questionnaire or send your personal letter to Grant County Department of Social Services, ATTN: LeaAnne Smith, PO Box 447, Lancaster WI 53813 or ATTN: Nancy Schmitz, 200 W Alona LN, Lancaster, WI 53813 by August 31, 2020.

This questionnaire and the hearing do not apply to financial assistance programs administered by the Department of Social Services.

QUESTIONNAIRE

The following groups of citizens receive services from Unified Community Services and Department of Social Services. For each group, please check ☐ if you believe that the current level of services to the following target groups should remain about the same, be increased, or be decreased.

If you check “increase” or “decrease,” please specify which services and/or give examples under that group.

- | | | | |
|----------------------------------|-------------------------------|-----------------------------------|-----------------------------------|
| 1. Abused or neglected children: | <input type="checkbox"/> same | <input type="checkbox"/> increase | <input type="checkbox"/> decrease |
| Comments: | | | |
| 2. Mentally Ill: | <input type="checkbox"/> same | <input type="checkbox"/> increase | <input type="checkbox"/> decrease |
| Comments: | | | |
| 3. Delinquents: | <input type="checkbox"/> same | <input type="checkbox"/> increase | <input type="checkbox"/> decrease |
| Comments: | | | |
| 4. Alcohol & Other Drug Abusers: | <input type="checkbox"/> same | <input type="checkbox"/> increase | <input type="checkbox"/> decrease |
| Comments: | | | |
| 5. Victims of Domestic abuse: | <input type="checkbox"/> same | <input type="checkbox"/> increase | <input type="checkbox"/> decrease |
| Comments: | | | |

6. Developmentally Disabled: ☐ same ☐ increase ☐ decrease
(Examples: mental delays, neurological disorders)

Comments:

7. Unmarried Parents: ☐ same ☐ increase ☐ decrease

Comments:

8. Elderly: ☐ same ☐ increase ☐ decrease

Comments:

9. Physically Disabled: ☐ same ☐ increase ☐ decrease

Comments:

10. Children and Families: ☐ same ☐ increase ☐ decrease

Comments:

11. Transportation: ☐ same ☐ increase ☐ decrease

Comments:

Additional Comments:

In the past year, have you or your immediate family received services from:

Unified Community Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Department of Social Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please comment on the services received:

Thank you for your help.

Sign your name if you wish:_____

PLEASE FOLD AND MAIL TO ADDRESS BELOW

Grant County Department of Social Services OR	Unified Community Services
Att: LeaAnne Smith	Att: Nancy Schmitz
PO BOX 447	200 W Alona LN
Lancaster WI 53813	Lancaster WI 53813